

**Arizona Cancer Coalition
Disparities Committee
July 19, 2007**

Attendees: Nate Smith, Nancy Johnson, Hilde Cuevas, Patrice Caldwell, Tim Flood, Hong Chartrand, Sharon Jaycox, Veronica Perez, Kendra Sabol, Jessica Han, Rosemary Xavier, Maria Tirado

Apologies: Cynthia Claus, Catherine Marshall, Dr. Jesse Nodora, Marc Lieb, Christine Latas

Agenda Item	Discussion	Follow-up Items
Welcome and Overview	Veronica Perez	
Approval of Minutes	Correction to the minutes from previous meeting, per Dr. Flood. Original target audience for cancer matrix was policy makers. Change terms "cancer control practitioners" to "community leaders & decision makers, including cancer control practitioners and policy makers" to be more inclusive.	
Cancer Disparities Matrices- Development and Dissemination	Database of community decision makers who might be interested in cancer disparities information is being developed. Currently 300 individuals have been added including county health departments, community health centers, African American churches, and organizations outside of Maricopa county. Next step is to determine how to disseminate disparities information to these individuals. The organizations listed in the Diagnosis and Treatment directory are being added and we can contact the ACC Research Committee for the list that they are developing.	Maria will contact the Research Committee for a copy of their list.
	Veronica reiterated goal is not just to provide data but to inform and use the data as a catalyst for change. First step is to get the information to community leaders and decision makers.	
	Jean Robert Jeoffroy has arranged meeting between Dr. Flood, Sharon, and Jessica and leaders in the African American communities. They have begun to introduce them to the Cancer Control Program's efforts and activities. Sharon discussed a meeting she had with African American community members in Phoenix. Possibility of using this meeting as a model for how information is shared with community members.	
	Dr. Flood gave an overview of the matrix and asked the committee for assistance regarding better instruction on how to use the matrix, or guidance on how to use the matrix as a tool. The matrix which includes American Indian data has been developed and the matrix with African American data will be completed in the next month. Matrices focus on cancers for which there is consensus that we have early interventions. These include cervical, breast, colorectal, tobacco linked cancers, and obesity as a risk factor. -Other cancers of importance and for which there is interest, like prostate cancer, are also included. -The cancer registry program will also be adding utilization of end of life services, although there are no evidence based recommendations. -Matrices also include cost analysis, cost of each life saved. -Given what we know about the potential for interventions, what are the priorities and what would communities like to do to address the issues reflected in the matrices.	
	Several of the committee members' responses included distributing the information by race/ethnicity, adding to the matrix material to assist in the use of the document. Consider that some	

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	individuals/organizations may be interested in more than one of the matrices. Also need to focus on how we can move the communities toward action, help them identify best practices, and assist in finding funding sources.	
	Patrice suggested that we might need to consider having two strategies for the delivery of the matrices. One delivery strategy for those who provide services across all populations, to more than one group, and another strategy for a more race/ethnicity specific approach.	
	Veronica mentioned that at a stakeholders meeting we could package the information and facilitate breakout sessions specific to each group so we can receive their input about the best methods of dissemination. Challenge would be with groups that work with more than one target population.	
	The American Indian matrix has been completed and provided to the SAICN and the African American matrix will be ready in one month. Discussed whether to have all of the matrices available and then segregate for dissemination. Suggestion to roll out the completed matrices piece by piece.	
	Sharon suggested that the African American groups she has been working with may be primed to move on use of the matrix. They seem to be interested in cancer disparities data and ready to move to action.	
	Dr. Flood reminded the committee that groups can be at different stages of readiness to receive and to act on the information. Furthermore, the definition of community is very fluid; the data may not be specific to small communities, smaller than county level.	
	Suggestion to encourage involvement in the committee from individuals who can provide clinical expertise as we approach communities. The benefits and limitations of the PSA test in prostate cancer control is one area where we could benefit from having clinical expertise as we disseminate the matrix.	Veronica and Maria will invite individuals with clinical expertise to the committee.
	Group discussed the possibility of continuing the work with the African American matrix and the American Indian matrix. We are ready to find pockets of people interested in taking what we have. Approach could be to find some way to disseminate to next layer of stakeholders. SAICN has received the AI matrix and the committee could collaborate with them in the dissemination of this information. Consider also the AI community health centers. Committee can begin to arrange meetings with specific African American groups that would be interested in cancer disparities data.	
	Suggestion to involve the UA College of Public Health evaluation team for insight and ideas.	Maria will contact the evaluation team.
	Discussed the need to identify and include community members to help with the development of their specific matrix (African American, Asian/PI, Hispanic)	
	Kendra suggested developing a portfolio of information, or toolkit that could be delivered with the matrix, with information that would complement the data. The toolkit could be different for different communities and although it may take months to develop it would be a way of providing technical assistance.	
	More intensive process of technical assistance with community groups is needed, rather than the initial idea of stockholder's meeting. Besides providing the data, consider working with communities to identify interventions, grant opportunities, etc. Follow up will be critical to ensure that the information is disseminated to the next layer of stakeholders within a community. Committee can be	

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	of assistance in facilitating this dissemination.	
	Dr. Flood and Jessica Han will begin to work on strategies for the dissemination of the matrices. Maria and Veronica will provide assistance in the development of the African American matrix. (standardize presentation for African Americans, identify items that enhance or complement the matrix, develop methods for broad dissemination to the African American communities, identify key points to consider when presenting the information)	Dr. Flood and Jessica
	Dr. Flood stated that it would be helpful to have sociodemographic profile for the groups that we will be working with.	Veronica will prepare a sociodemographic profile of African Americans in Arizona.
	Patricia mentioned that the Governor's office has a Faith Based Initiatives office. Committee could contact the office of Jana Scott for assistance.	Maria will contact the Faith Based Initiative office.
	Veronica and Hong will work together to update a community health center profile (by county) to use as a complement to the matrix.	Hong and Veronica
	Call to action to all committee members to become more involved in 1)dissemination and presentation of matrices 2) development of a toolkit 3) and empowering communities to action	
	Maria and Veronica will begin to develop a framework for the toolkit and the dissemination of the information.	Veronica and Maria
Announcements		
Next Meeting	TBA	